

APPLICATION FOR EAST KINGDOM ARMORED COMBAT AUTHORIZATION CARD

Authorization Date:	Type: <input type="checkbox"/> NEW / <input type="checkbox"/> RENEWAL / <input type="checkbox"/> ADDITIONAL	CARD#:
---------------------	---	--------

APPLICANT INFORMATION *(please PRINT clearly)*

Legal Name:		Date of Birth:
SCA Name:		
Mailing Address:		
City:	State/Province:	Zip/Postal Code:
Phone:	E-Mail:	
MoL <i>(Print SCA Name)</i> :		Event:

AUTHORIZATION INFORMATION

AUTHORIZING MARSHAL I		AUTHORIZING MARSHAL II		
Print SCA Name:		Print SCA Name:		
Sign Legal Name:		Sign Legal Name:		
Weapons Forms	Sword & Shield	Two Weapon	Spear	Polearm
	Great Weapon	Combat Archery	Siege	

WAIVER

I, the undersigned, do hereby state that I wish to participate in activities sponsored by the international organization known as the Society for Creative Anachronism, Inc., a California not-for-profit corporation (hereafter "SCA"). The SCA has rules which govern and may restrict the activities in which I can participate. These rules include, but are not limited to: Corpora, the By-laws, the various kingdom laws and the Rules for combat related activities. The SCA makes no representations or claims as to the condition or safety of the land, structures or surroundings whether or not owned, leased, operated or maintained by the SCA. I understand that all activities are voluntary and that I do not have to participate unless I choose to do so. I understand that these activities are potentially dangerous or harmful to my person or property, and that by participating I voluntarily accept and assume the risk of injury to myself or damage to my property. I understand the SCA does not provide any insurance coverage for my person or my property. I acknowledge that I am responsible for my safety and my own health care needs, and for the protection of my property. In exchange for allowing me to participate in these SCA activities and events, I agree to release from liability, agree to indemnify, and hold harmless the SCA, and any SCA agent, officer or SCA employee acting within the scope of their duties, for any injury to my person or damage to my property. This release shall be binding upon myself, successors in interest, and/or any person(s) suing on my behalf.

I have read the statements in this document. I agree with its terms and have voluntarily signed it. I understand that this document is complete unto itself and that any oral promises or representations made to me concerning this document and/or its terms are not binding upon the SCA, its officers, agents, and/or employees.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE.

Sign Legal Name:	Date:
------------------	-------

Submit via Authorization Card Application Portal @ <http://mol.eastkingdom.org> or

✂ Mail top portion to: Elizabeth Dunhom EK Minister of Lists, PO Box 47, Nazareth, PA 18064

This portion is your ONLY proof of Authorization until your permanent card arrives! Valid for 60 days from date of authorization.

Temporary Armored Combat Authorization Card		Weapons Forms	
Legal Name:		Sword & Shield	Great Weapon
SCA Name:		Two Weapon	Combat Archery
Authorizing Marshal I:		Spear	Siege
Authorizing Marshal II:		Polearm	
Authorization Date:			